PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE perwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/797,344 RANSMIT Filing Date March 10, 2004 For FY 2005 MCANALLEY et al. First Named Inventor **Examiner Name** Michele C. Flood Applicant claims small entity status. See 37 CFR 1.27 1655 Art Unit TOTAL AMOUNT OF PAYMENT (\$) 1,340.0023100.64 Attorney Docket No METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify); Deposit Account Name: Haynes and Boone, LLP ✓ Deposit Account Deposit Account Number: 08-1394 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES SEARCH FEES Small Entity** Small Entity Small Entity Application Type Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 500 200 150 100 250 Design 200 130 100 100 50 65 Plant 200 300 80 100 150 160 Reissue 300 150 500 600 300 Provisional 200 100 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims **Multiple Dependent Claims Total Claims** Extra Claims Fee Paid (\$) Fee (\$) . . 50 Fee Paid (\$) \_\_\_ - 20 or HP = Fee (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 200 0 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Number of each additional 50 or fraction thereof Fee Paid (\$) (round up to a whole number) x

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Signature	Anul	Co	Registration No. 31,213 (Attorney/Agent)	Telephone 214-651-5242
Name (Print/Type)	Randall C. Brow	/n		Date 3/7/2006

Non-English Specification, \$130 fee (no small entity discount)

Other: Two month extension of time (\$450); Request for Continued Examination (\$790)

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